

Minnesota Bureau of Criminal Apprehension

1430 Maryland Avenue East, Saint Paul, Minnesota 55106

DATA REQUEST BY AN ORGANIZATION

Please **PRINT** all information except where a signature is required.

REQUIRED INFORMATION

Organization name: _____

Doing business as (d/b/a): _____

Address: _____

Street

Apt. /Suite #

City

State

Zip Code

State of organization or registration: _____

Description of data requested: _____

Time period of data requested (if applicable): _____

The organization would like to (check one): ☐ inspect (look at) the requested data at the BCA (no charge)
☐ receive copies of the requested data (a fee may apply)

OPTIONAL CONTACT INFORMATION

Telephone: (_____) _____ Email: _____

If you mail this form, you must sign below in the presence of a Notary Public. Mail to: Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106. If you bring this form to the BCA, please be prepared to show a current, government-issued photo ID.

Signature: _____

STATE OF MINNESOTA)
COUNTY OF _____) ss

Signed or attested before me this _____ day of _____, 20____ by

Name of requestor: _____ (Affix seal here)

Signature of Notary Public: _____

My commission expires: _____

For BCA use only — Identity verified by valid, government-issued photo ID: _____
(Initials of staff member)